

| UNITED STATES DISTRICT COURT<br>NORTHERN DISTRICT OF CALIFORNIA<br>CAND 435<br>(CAND Rev. 07/2024)   |                  |                 | <b>TRANSCRIPT ORDER</b><br>Please use one form per court reporter. Please read instructions on next page.<br><u>CJA Counsel should NOT use this form.</u><br><u>CJA Counsel should request transcripts by submitting a AUTH24 in eVoucher.</u>  |  |                                  |   |                       |  | <b>COURT USE ONLY</b><br><b>DUE DATE:</b> |                       |                       |                       |                       |                       |                       |                       |
|--|------------------|-----------------|---|--|----------------------------------|---|-----------------------|--|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1a. CONTACT PERSON FOR THIS ORDER<br><b>Manuel Rios</b>  |                  |                 | 2a. CONTACT PHONE NUMBER<br><b>(301) 661-9941</b>   |  |                                  | 3. CONTACT EMAIL ADDRESS<br><b>mrios@baileyglasser.com</b>      |                       |  |   |                       |                       |                       |                       |                       |                       |                       |
| 1b. ATTORNEY NAME (if different)<br><b>Michael L. Shenkman</b>   |                  |                 | 2b. ATTORNEY PHONE NUMBER<br><b>(202) 463-2101</b>  |  |                                  | 3. ATTORNEY EMAIL ADDRESS<br><b>mshenkman@baileyglasser.com</b> |                       |  |   |                       |                       |                       |                       |                       |                       |                       |
| 4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)<br><b>Bailey &amp; Glasser LLP</b><br>1055 Thomas Jefferson Street NW, Suite 540<br>Washington, D.C. 20007 |                  |                 | 5. CASE NAME<br><b>SVB Fin. Grp. v. FDIC, as Receiver for SVB et al</b>   |  |                                  |   |                       |  | 6. CASE NUMBER<br><b>5:24-cv-01321</b>    |                       |                       |                       |                       |                       |                       |                       |
| 7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX) → <input type="checkbox"/> FTR<br><b>No Court Reporter. Zoom Recording.</b>                              |                  |                 | 8. THIS TRANSCRIPT ORDER IS FOR:<br><input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) CJA: <u>Do not use this form; use Form AUTH24 in eVoucher.</u><br><input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL |  |                                  |   |                       |  |   |                       |                       |                       |                       |                       |                       |                       |
| 9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:              |                  |                 |   |  |                                  |   |                       |  |   |                       |                       |                       |                       |                       |                       |                       |
| a. HEARING(S) (OR PORTIONS OF HEARINGS)  |                  |                 | b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)  |  |                                  |   |                       | c. DELIVERY TYPE (Choose one per line) |   |                       |                       |                       |                       |                       |                       |                       |
| DATE   | JUDGE (initials) | TYPE (e.g. CMC) | PORTION<br>If requesting less than full hearing,<br>specify portion (e.g. witness or time)  |  | PDF<br>(email)                   | TEXT/ASCII<br>(email)   | PAPER                 | CONDENSED<br>(email)                   | ECF ACCESS<br>(web)                       | ORDINARY<br>(30-day)  | 14-Day                | EXPEDITED<br>(7-day)  | 3-DAY                 | DAILY<br>(Next day)   | HOURLY<br>(2 hrs)     | REALTIME              |
| 12/13/2024   | VKD              | DISC            |   |  | <input checked="" type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>                  | <input type="radio"/>                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:   |                  |                 |   |  |                                  |   |                       |  |   |                       |                       |                       |                       |                       |                       |                       |
| ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).   |                  |                 |   |  |                                  |   |                       |  |   | 12. DATE              |                       |                       |                       |                       |                       |                       |
| 11. SIGNATURE<br><b>/s/ Michael L. Shenkman</b>  |                  |                 |   |  |                                  |   |                       |  |   | <b>12/16/2024</b>     |                       |                       |                       |                       |                       |                       |

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